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CONFIRMATION NO. 9760

Bib Data Sheet

SERIAL NUMBER 09/889,251	FILING DATE 11/01/2001 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. UCSD1140-1
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APPLICANTS

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** CONTINUING DATA ***** *PS*

This application is a 371 of PCT/US00/04663 02/23/2000 which claims benefit of 60/121,588 02/23/1999

** FOREIGN APPLICATIONS ***** *None*

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>PS</i>	Initials		

ADDRESS

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TITLE

Method of treatment of mitochondrial disorders

FILING FEE RECEIVED 1156	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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